



**Commonwealth of Massachusetts
Division of Professional Licensure
Board of Dispensing Opticians
239 Causeway Street
Boston, MA 02114
www.state.ma.us/reg
(617) 727-5339
Application for Licensure**

**Application Fee: \$54.00
(\$27.00 application and license and
\$27.00 for wall certificate)**

**Attach recent passport photo size 2 x 2
here** 



1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Permanent Address: _____
Street Apt. #

City/Town State Zip Code

4. Home Phone _____

5. Mailing Address (If different): _____
Street Apt#

City/Town State Zip Code

6. Business Name and Address: _____

Street City State Zip Code

Business telephone number _____

7. Date of Birth: _____ 8. Place of Birth: _____



9. Social Security number (mandatory) _____

Pursuant to G.L.c.62C, s 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth of Massachusetts.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the type/class and the status of your license and any relevant disciplinary information.

11. Has a licensing/certification or regulatory agency located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? Yes:___ No: _____
If yes, please state the details (attach a separate sheet if necessary): _____

12. Are you the subject of pending disciplinary actions by a licensing/certification board or regulatory agency located in the United States or any country or foreign jurisdiction?
Yes:___ No: _____ If yes, please state the details (attach a separate sheet if necessary): _____

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board or regulatory agency in the United States or any country or foreign jurisdiction? Yes: ___No: _____
If yes, please state the details (attach a separate sheet if necessary): _____

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes:___ No:_____
If yes, please state the details (attach a separate sheet if necessary): _____

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: _____ No: _____

The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

16. Education: List name of school(s), address, major courses, dates attended, and degree awarded.

High School _____

College or University: _____

Other: _____

17. Certification of Apprenticeship: (Final Sponsor)

I _____, certify that _____ served as a
Dispensing Optician and license # _____ Name of applicant

dispensing optician under my supervision at _____ located

at _____ from _____ to _____ and completed
Business Address Starting Date Completion Date

_____ and is a proper person to be licensed as a registered dispensing optician.
Weekly Hours.

Signature of Dispensing Optician

Day Telephone Number

**(If more than one person the information is to be covered by the individual credit letters)
that you must include with your application.**

18. I certify, under the pains and penalties of perjury, that the information I have provided in this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Dispensing Opticians to deny me the right to sit for the licensure examination; to deny my application for licensure; or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

19. NOTARIZATION (Required by all applications)

The applicant named on this application agrees to abide by the rules and regulations for licensing for Dispensing Opticians as contained in Chapter 265 of the Code of and attest that all statements made herein are truthful and are made under the pains of perjury.

Applicants Signature-Signed in the presence of a Notary

Date of Notarization

Name of Notary Public

Signature of Notary

My commission expires on (date)

NOTARY SEAL/STAMP